

Name
in
Full

Sarah Barnes

CERTIFICATE OF DEATH

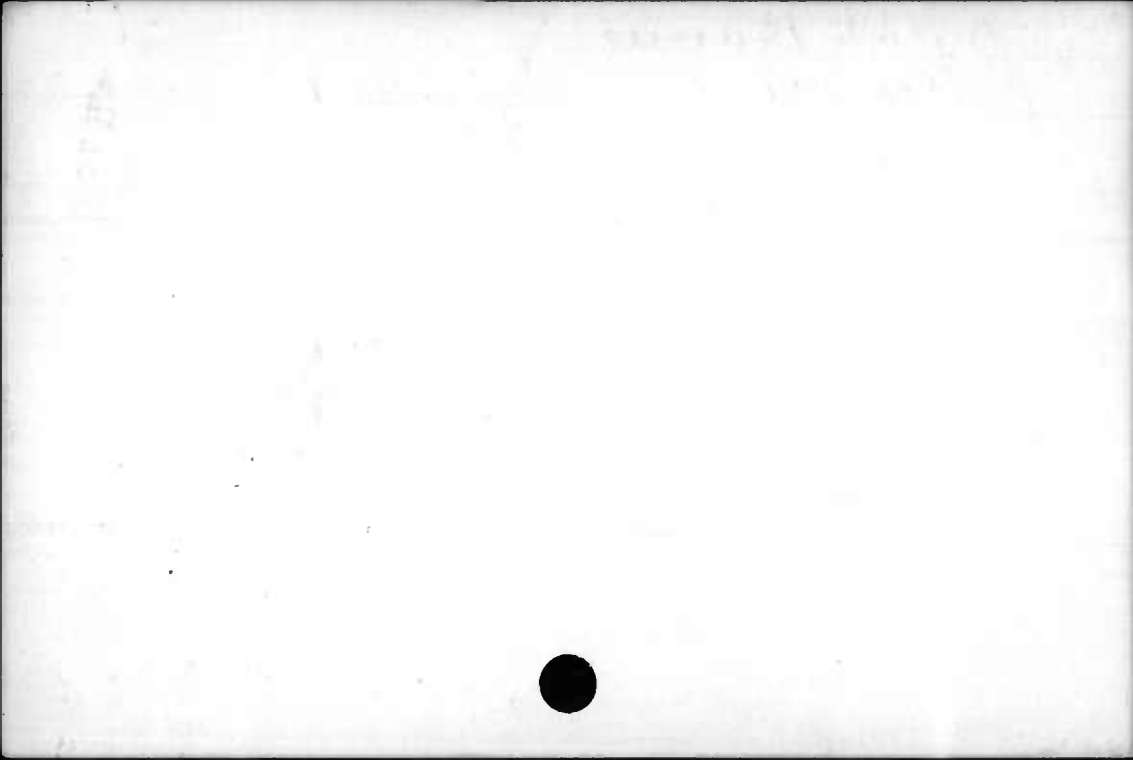
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pocomoke</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>Aug</i>	Day <i>16</i>	Age <i>80</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Negro</i>	Birth-place <i>Worcester Co Md</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Levin Barnes</i>				
Father's Name <i>Unknown</i>	Father's Birthplace				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace				
Name of person giving Information <i>Levin Matthews</i>	How related to deceased <i>Son in Law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Abdominal Tumor</i>	How long <i>Eight months</i>
Immediate <i>Dropsy & Heart failure</i>	How long <i>4 1/2</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F J Bostern</i>
	Address <i>Pocomoke City Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Date

of death 190

3

Month

Aug

Day

4

Age

Years

Months

Days

MARYLAND

Sex

Female

Color or
Race

White

Birth-
place

Synepuxent

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Tenant Birch

Father's
Birthplace

Synepuxent

Mother's
Maiden NameMother's
Birthplace

Snow Hill

Name of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

Tetanus Neonatorum

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

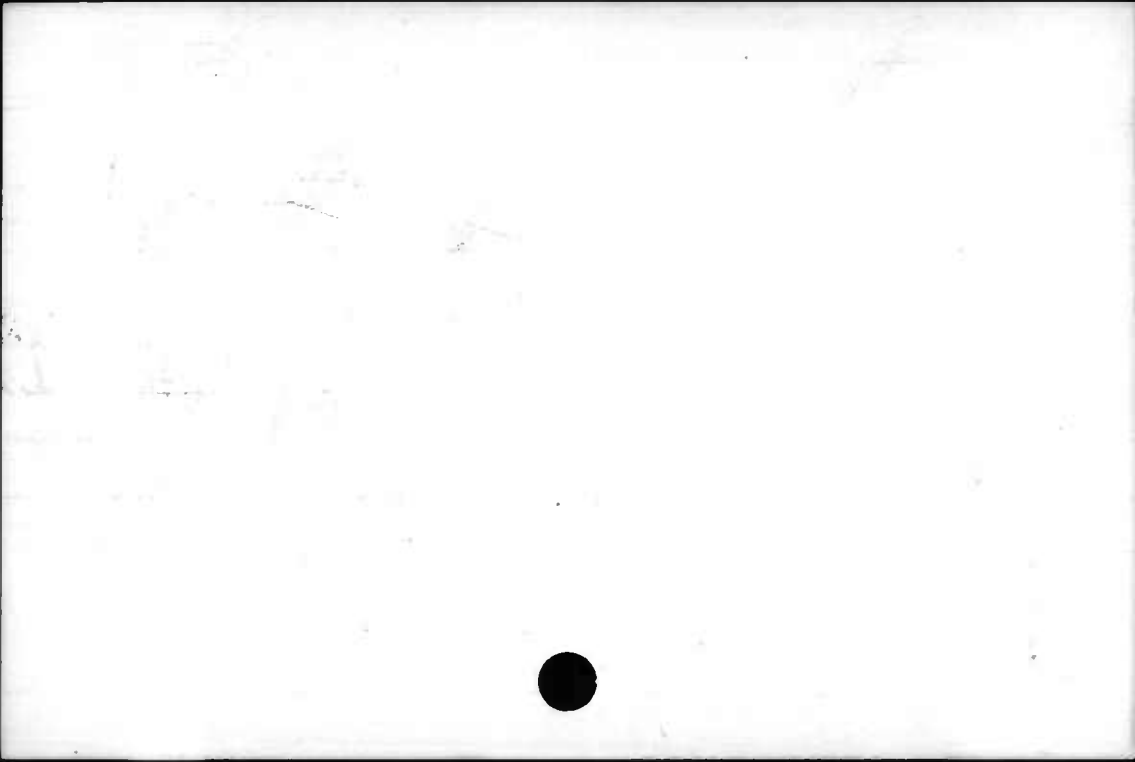
Signature of
PhysicianE. E. Holland
Berlin's

Address

Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Dorvin H. Bishop

CERTIFICATE OF DEATH

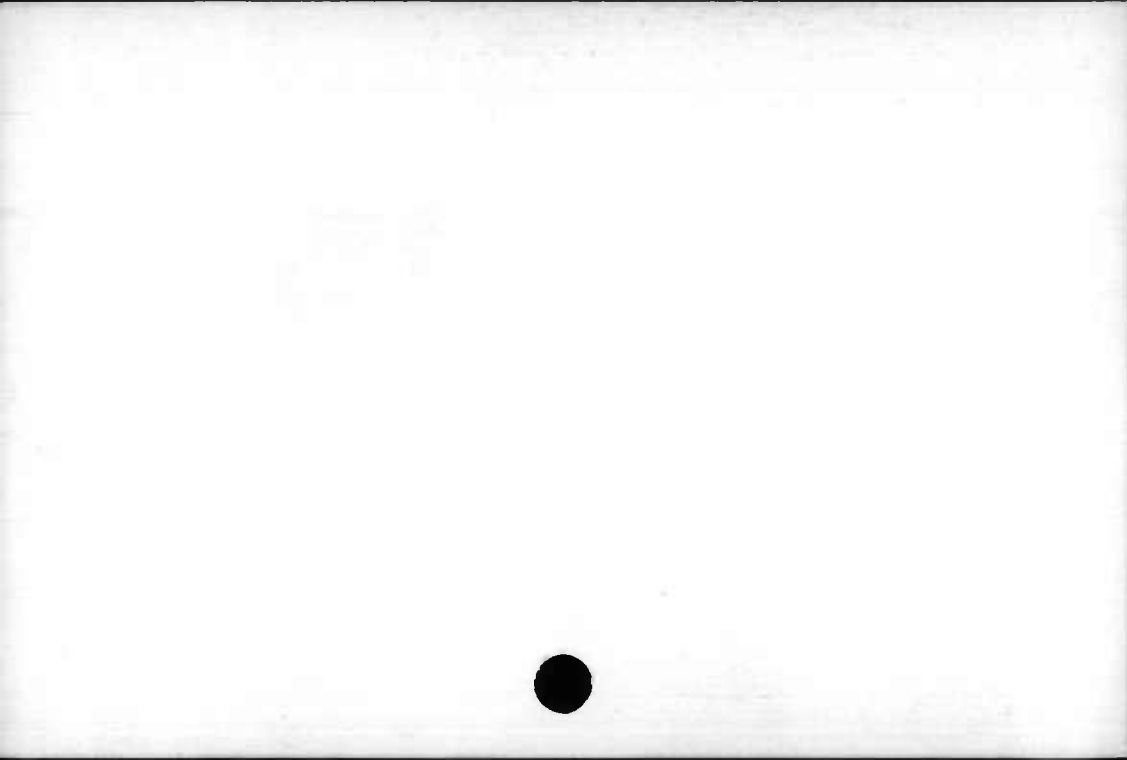
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Bennet Mill</i>		Town <i>Worcester</i>		County <i>Worcester</i>		State <i>MARYLAND</i>	
Date of death 190 <i>3</i>	Month <i>Aug.</i>	Day <i>10</i>	Years <i>12</i>	Months <i>—</i>	Days <i>—</i>		
Sex <i>male</i>		Color or Race <i>color</i>		Birth-place <i>Worcester</i>			
Married, Single or Widowed <i>Single</i>			Occupation <i>had none</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>Amos. R Bishop</i>				Father's Birthplace <i>Worcester</i>			
Mother's Maiden Name <i>May E. Bishop</i>				Mother's Birthplace <i>Worcester</i>			
Name of person giving information <i>Geo H. Hammond</i>				How related to deceased <i>uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Downward</i>	How long <i>4 month</i>
Immediate <i>Consumption</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>William S. Williams</i>
	Address <i>Worcester Co Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Comfort Ann Gury

Town *Neen Bishop* County *Worcester*

Died at *Neen Bishop*

DATE of death 1903 *Aug* Month *13* Day *73* Age *73* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Maryland*

Married, Single or Widowed *Widowed* Occupation *None*

Name of Wife or Husband *John L B R Gury*

Father's Name *Joseph Collins* Father's Birthplace *Maryland*

Mother's Maiden Name *Molley Gownerson* Mother's Birthplace *Idaho*

Name of person giving information *Farmer Watson* How related to deceased *None*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

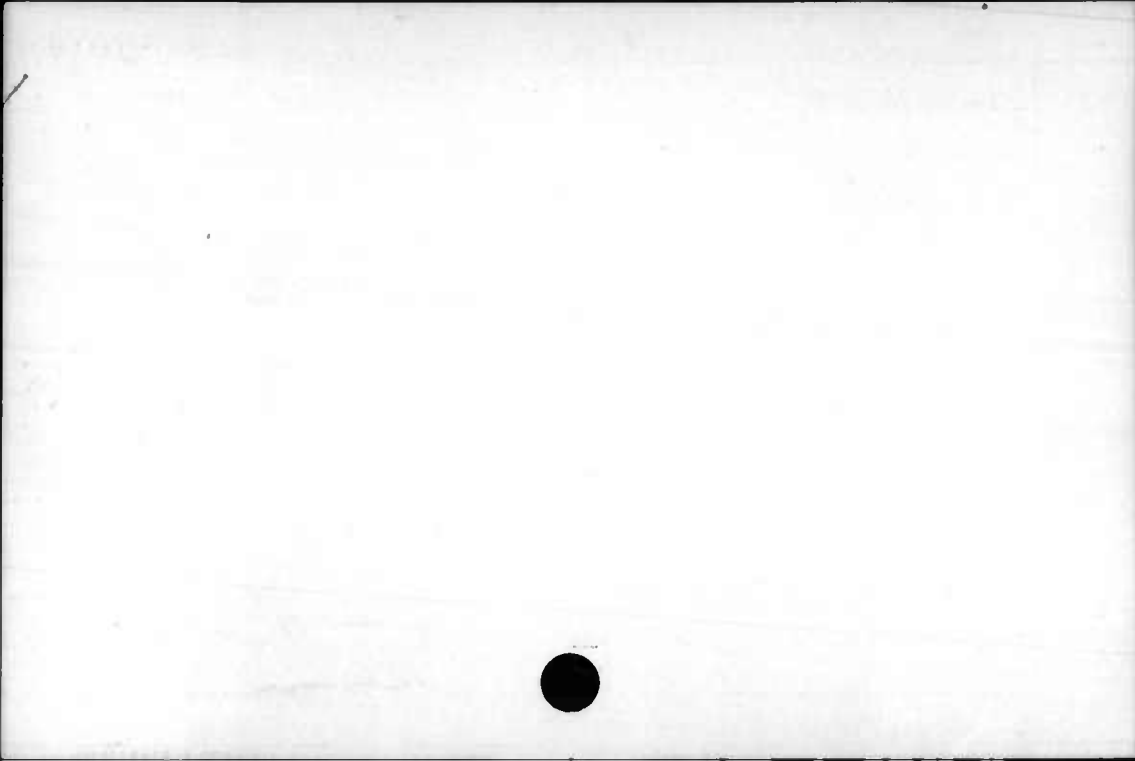
Primary *Paralytic Stroke* How long *6 years*

Immediate *No* How long *6 years*

Are the name, age, sex, color, date and place correctly given above? *it is* Signature of Physician *Dr B P Collins*

P. B. Gury Address *Bishopville Md*

Accident or Suicide? *Bishopville Md*



Name
in
Full

M E Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Newark* Town *Worcester* County *MARYLAND*

Date of death 1903 *8* Month *24* Day *70* Age *—* Months *—* Days *—*

Sex *Male* Color or Race *white* Birth-place *Worcester*

Married, Single or Widowed *Married* Occupation *Post-Master*

Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *J E Klein* How related to deceased *Nephew*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Gastritis* How long *over year*

Immediate *"* How long *104*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Dr H C Couriaw* *med*

Address *Berlin*

Accident or Suicide? *—*



Name
in
Full

Edward Gillel-

CERTIFICATE OF DEATH

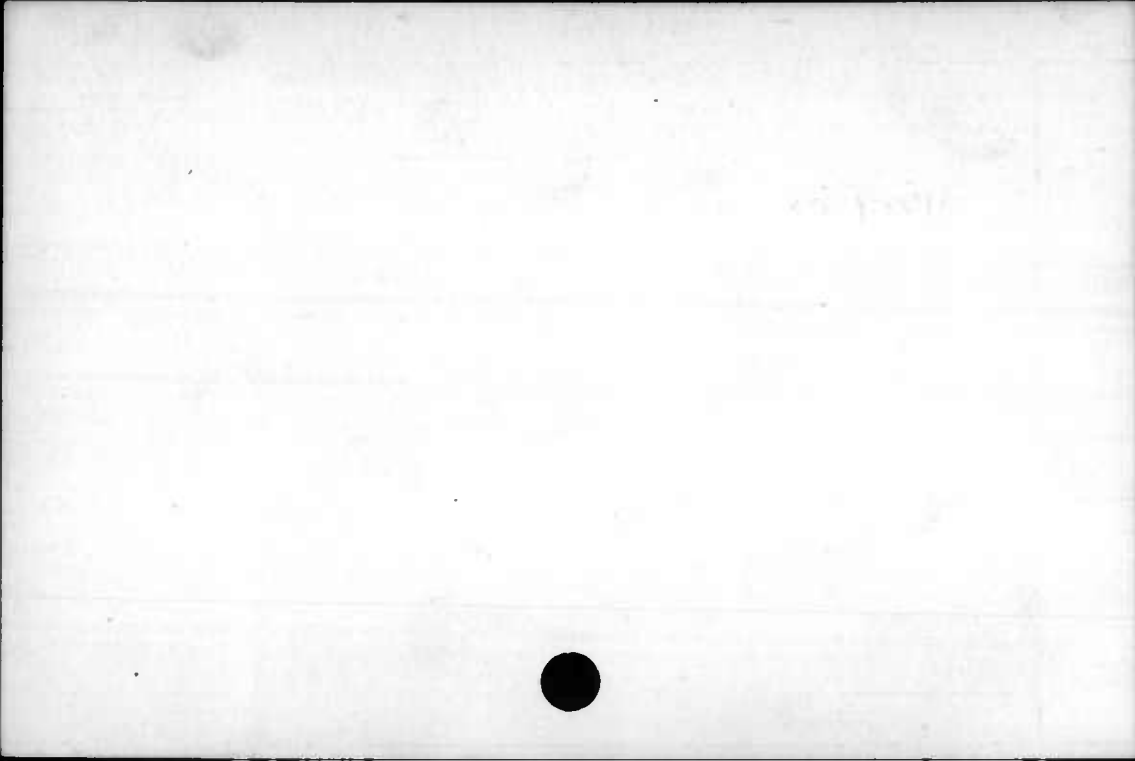
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Stockton		^{County} Worcester		MARYLAND	
Date of death 190	3	Month	8	Day	23
Age		55		Years	
Sex	Male	Color or Race	Dark		Birth-place
Married, Single or Widowed		Widower			
Name of Wife or Husband		farmer			
Father's Name		Stephen Gillel		Father's Birthplace	md
Mother's Maiden Name		Mary Gillel		Mother's Birthplace	md
Name of person giving information		Noah Bayne		How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	10 months
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. D. Dickerson M.D.	
Address		Stockton Md Worcester Co.	
Accident or Suicide?			



Name
in
Full

Edith M. Halse

CERTIFICATE OF DEATH

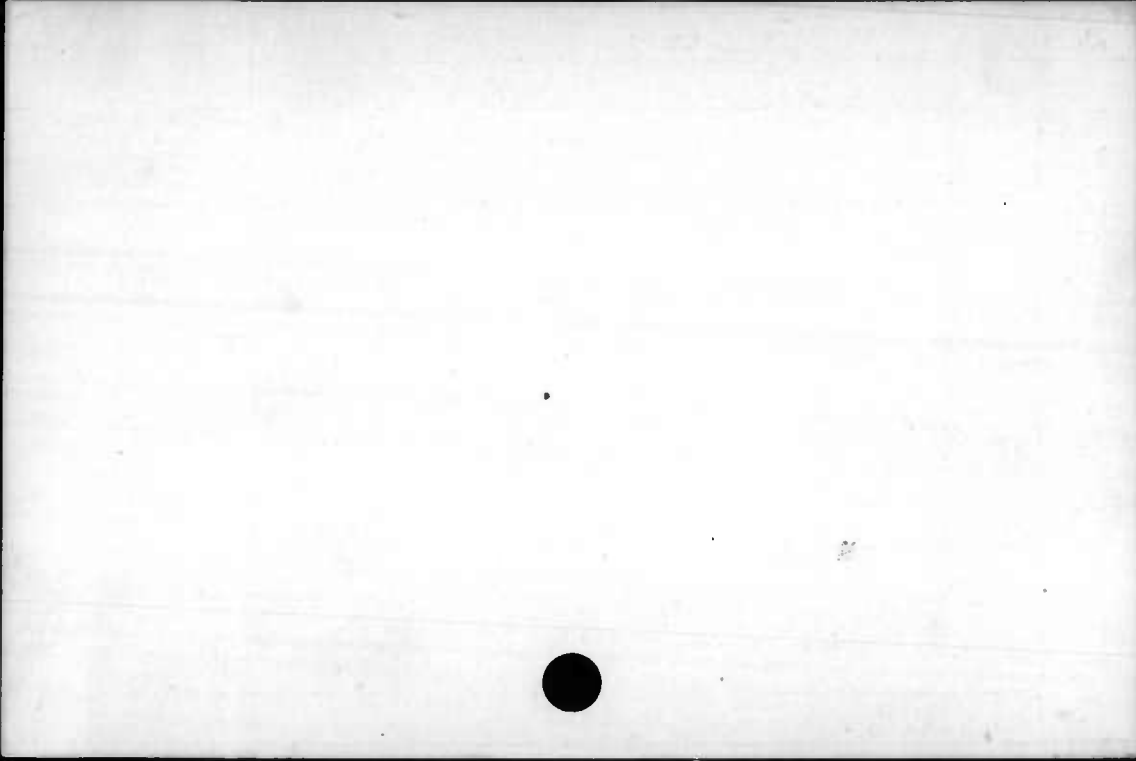
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Pocomoke city</i>		County <i>Worcester</i>		MARYLAND	
Date of death 1903	Month <i>Aug</i>	Day <i>29</i>	Years Age <i>38</i>		Months		Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>London Eng</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Domestic</i>				
Name of Wife or Husband <i>Garth Halse</i>							
Father's Name <i>White</i>				Father's Birthplace <i>London</i>			
Mother's Maiden Name <i>Went Brown</i>				Mother's Birthplace <i>1</i>			
Name of person giving In formation <i>Garth Halse</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Anemia & Septicemia</i>	How long <i>some months</i>
Immediate <i>Emaciation</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Saml S. Quinn</i>
	Address <i>Pocomoke City Md</i>
Accident or Suicide?	



Name
in
Full

Frank Pharnisier

CERTIFICATE OF DEATH

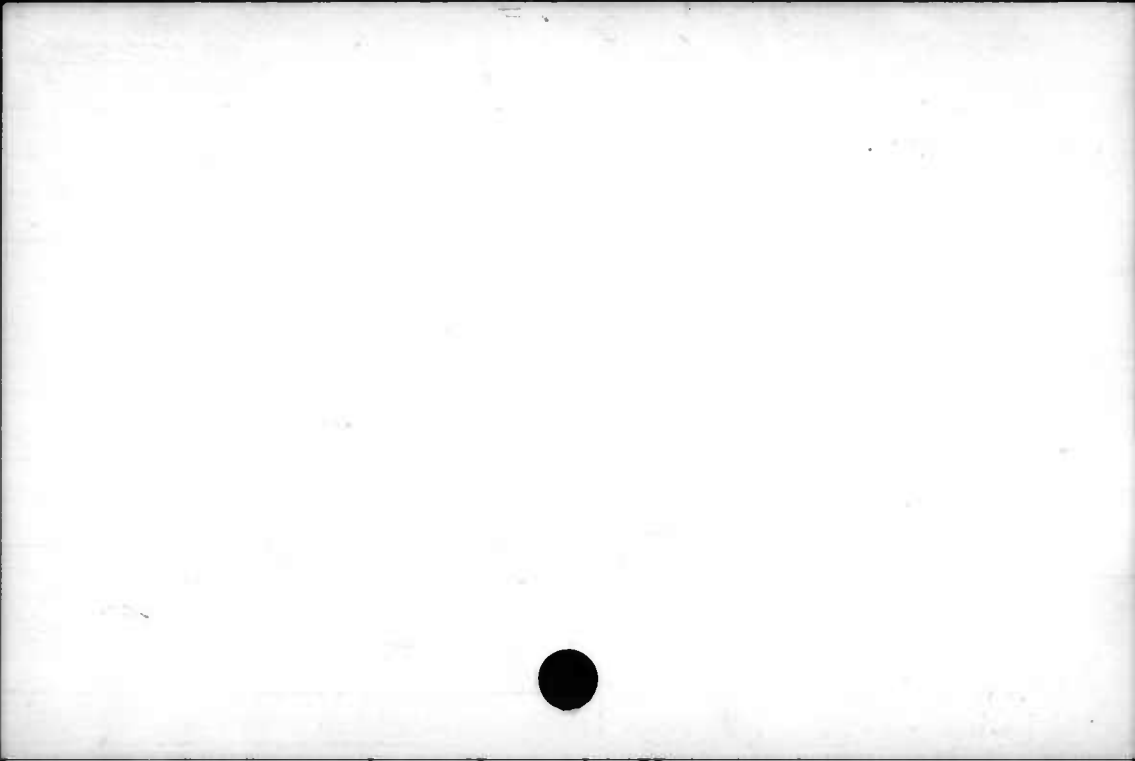
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berlin</u> Town		County <u>Worcester</u>		MARYLAND	
Date of death 190 <u>3</u> Month <u>Aug</u>	Day <u>28</u>	Age <u>72</u> Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Berlin Md</u>			
Married , Single or Widowed		Occupation <u></u>			
Name of Wife or Husband					
Father's Name <u>James Pharnisier</u>			Father's Birthplace <u>Berlin Md</u>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <u>104</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Indigestion</u>	How long	
Immediate	<u>The pyloric region of the stomach</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>Chas. G. Trickett M.D.</u>	
		Address <u>Berlin Md</u>	
Accident or Suicide?			



Name
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Full

CERTIFICATE OF DEATH

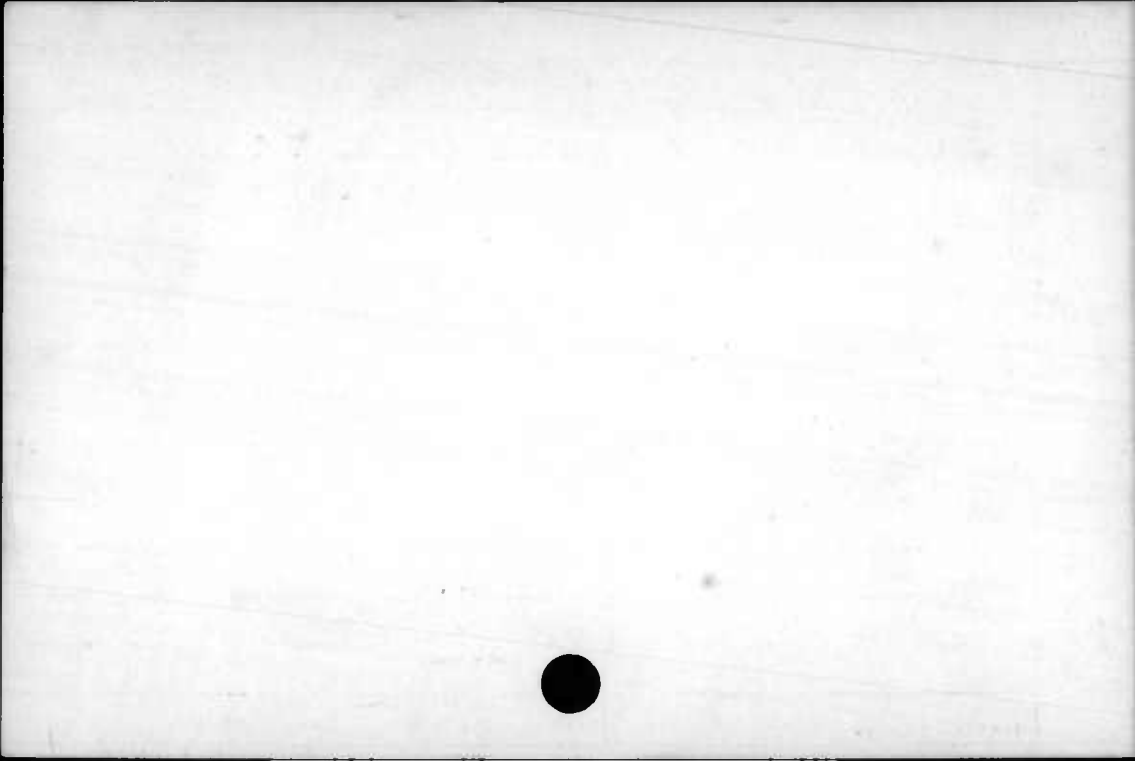
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Friendship</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death 1903	<i>Aug</i> ^{Month}	<i>1</i> ^{Day}	Age <i>78</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Near Berlin Md</i>		
Married, Single ^{or Widowed}			Occupation <i>Farmer</i>		
Name of Wife or husband <i>Catharine Hastings</i>					
Father's Name <i>Major Hastings</i>			Father's Birthplace <i>Near Berlin</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>George Hastings</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Trouble</i>	How long <i>Several years</i>
Immediate <i>Stomach Trouble</i>	How long <i>month or two</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Cyrus W. Strickland</i>
	Address <i>Berlin Md</i>
Accident or Suicide?	



Name
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Full

CERTIFICATE OF DEATH

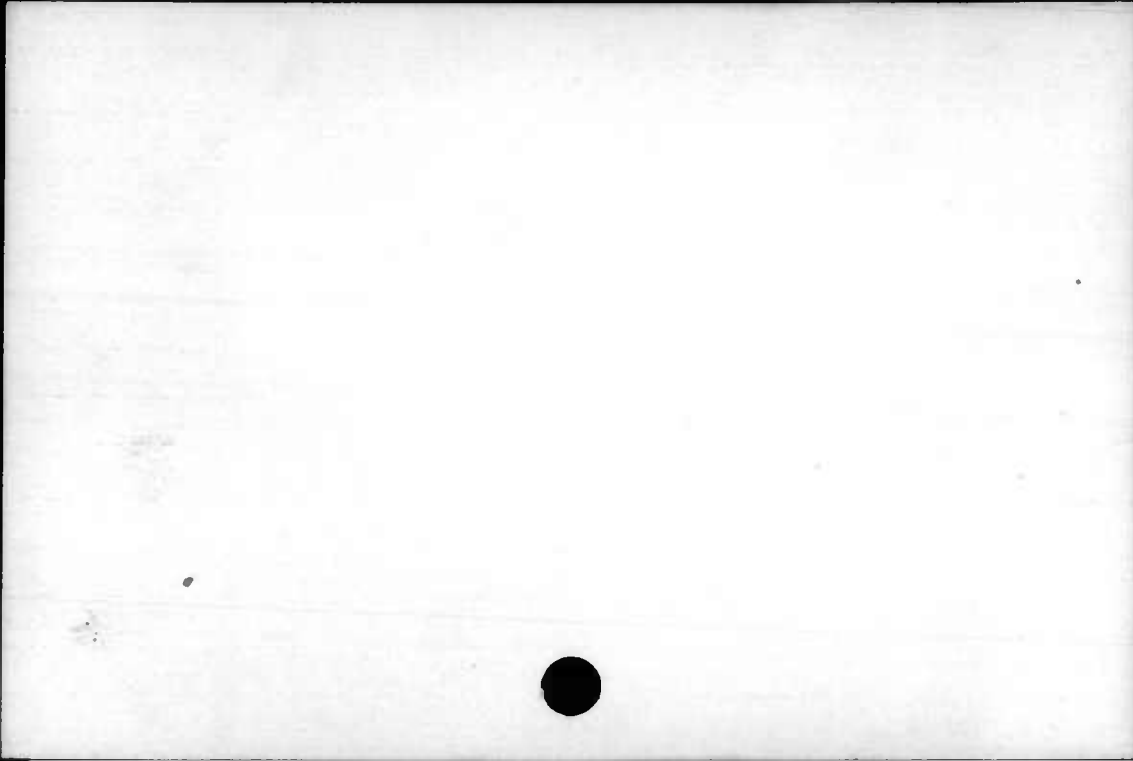
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide?	



Name
in
Full

Edward Hudson

CERTIFICATE OF DEATH

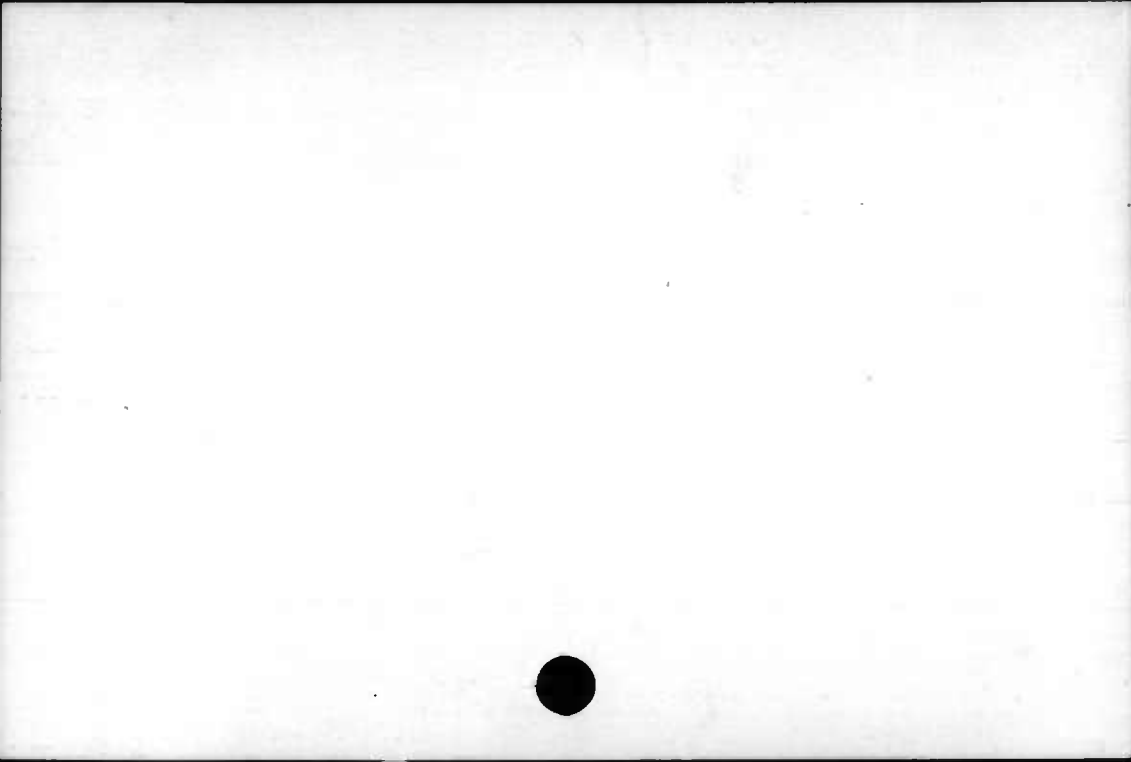
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Near Snowsill		Worcester					
Date of death	1903	Month	Aug	Day	30	Years	71
Sex		Male		Color or Race		Male	
Married, Single or Widowed		Married		Occupation		Farmer	
Name of Wife or Husband		Annie Hudson					
Father's Name		Charles Bennett				Father's Birthplace	
Mother's Maiden Name		Charlotte Hudson				Mother's Birthplace	
Name of person giving information		Annie Hudson				How related to deceased	
						Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Asman	How long	12 month
Immediate	2nd	How long	1 month
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	William S. Williams
		Address	Annapolis
Accident or Suicide?			Worcester Co Md



Name
in
Full

Eliza Jackson

CERTIFICATE OF DEATH

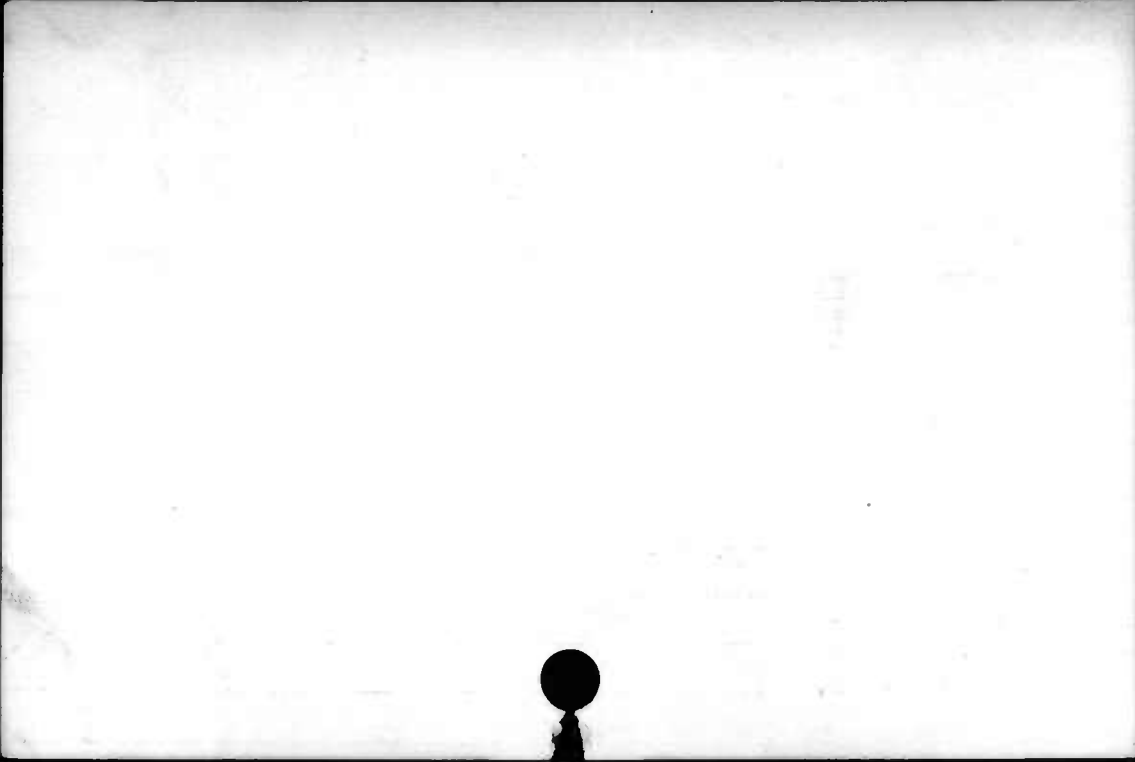
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Newark		County Leon.		MARYLAND	
Date of death 1903	Month 8	Day 6	Age	Years 60	Months	Days	
Sex	Female		Color	White		Birth- place	Md.
Married Widowed			Occupation Housewife				
Name of wife Husband			Henry Jackson				
Father's Name			don't know			Father's Birthplace	
Mother's Maiden Name			don't know			Mother's Birthplace	
Name of person giving information			Jenifer Wells			How related to deceased	
						None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diarrhoea	How long	2 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		Paul Jones M.D.	
		Address	
		Snow Hill	
		Md.	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

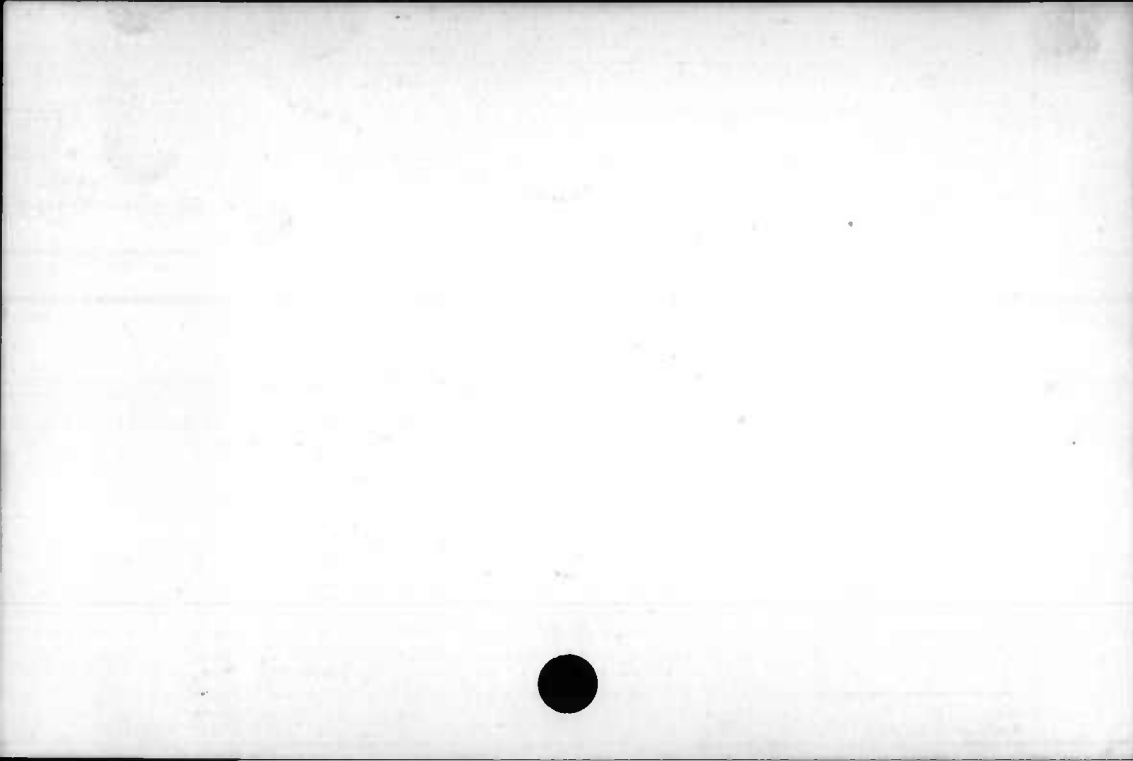
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Promoke City</i> ^{Town}		<i>Morristown</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Aug</i>	Day <i>15</i>	Age	Years	Months <i>3</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Promoke City</i>		
Married, Single or Widowed <i>—</i>			Occupation		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Rufus Long</i>			Father's Birthplace <i>Somerset Co</i>		
Mother's Maiden Name <i>Amanda Mason</i>			Mother's Birthplace <i>Morristown</i>		
Name of person giving information <i>Geo Landring</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Malariae Fever</i>	How long	<i>2 weeks</i>
Immediate	<i>Atropoly</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Samuel L. Quinn</i>	
<i>Yes</i>		Address <i>Promoke City, Md</i>	
Accident or Suicide?			



ne
ull

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Home Port Office</i>		Town <i>Port Office</i>		County <i>Worcester</i>		MARYLAND	
Date of death 190 <i>3</i>		Month <i>Aug</i>		Day <i>23</i>		Years <i>59</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Taylorville</i>		Months	
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housekeeper</i>				Days	
Name of Wife or Husband <i>Robert Warrick</i>							
Father's Name <i>William Peepwill</i>				Father's Birthplace <i>near Shawells</i>			
Mother's Maiden Name <i>Mary Taylor</i>				Mother's Birthplace <i>Taylorville</i>			
Name of person giving information <i>Phyllis E. Smack</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hemiplegia</i>		How long <i>4 days</i>	
Immediate <i>"</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. P. Collins</i>	
<i>Yes</i>		Address <i>Buckhills</i>	
Accident or Suicide?		<i>No</i>	

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

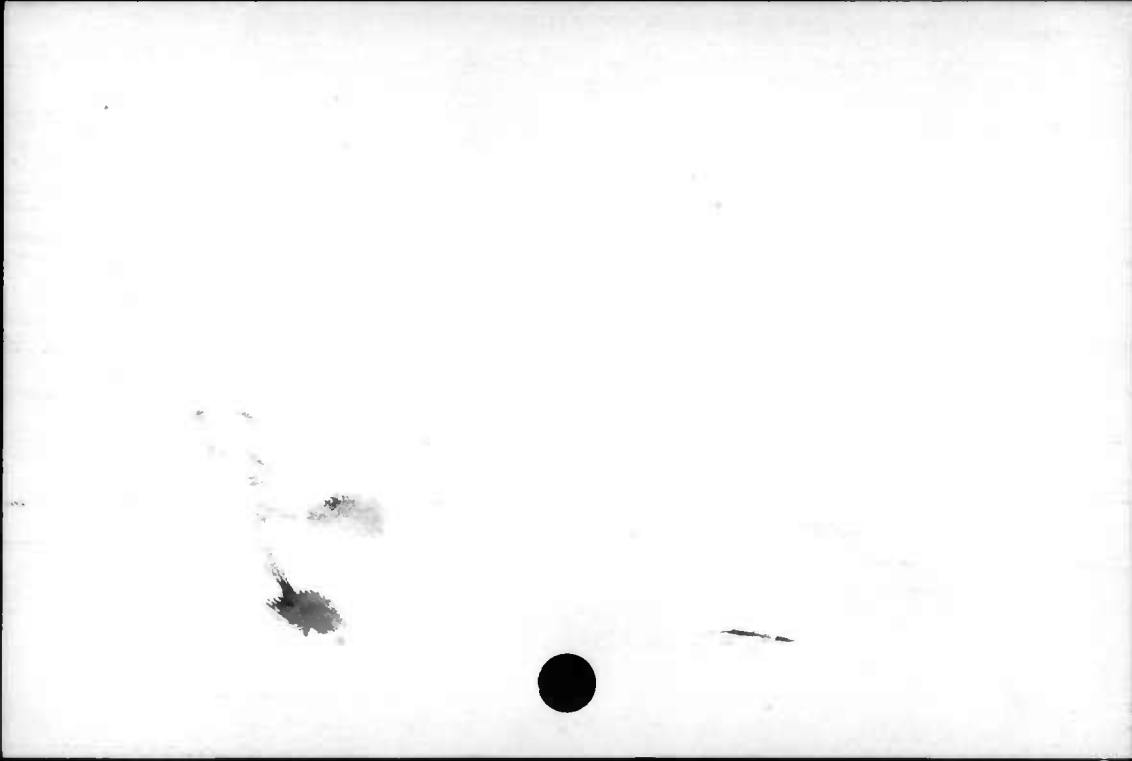
Died <i>near Snow Hill</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death 1903	Month <i>8</i>	Day <i>14</i>	Years <i>43</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Worcester Co. Md.</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>Farmer</i>			
Name of Wife or Husband					
Father's Name <i>J. Britting Nicholson</i>			Father's Birthplace <i>Worcester Co. Md.</i>		
Mother's Maiden Name <i>Sarah A. Mills</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Stephen Nicholson</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Chronic Valvular disease of heart</i>	How long <i>several years</i>
Immediate <i>Dropsy and Heart failure</i>	How long <i>5 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>✓</i>	Signature of Physician <i>John Scheldt M.D.</i>
<i>think so,</i>	Address <i>Snow Hill Md.</i>
Accident or Suicide?	



Name
in
Full

Verginia Rees

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Berlin ^{County} Worcester

Date of death 1903 ^{Month} Aug ^{Day} 19 ^{Age} 68 ^{Years} ^{Months} ^{Days}

Sex Female ^{Color or Race} white ^{Birth-place} Verginia

Married, ~~Single~~ or ~~Widow~~ ^{Occupation} Housekeeper

Name of Wife or Husband G. Rees

Father's Name ^{Father's Birthplace}

Mother's Maiden Name Verginia Young ^{Mother's Birthplace} Verginia

Name of person giving information John W. Rees ^{How related to deceased} Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER


Primary Pressure from excessive curvature of spinal column ^{How long} Several years

Immediate Apoplexy ^{How long} Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

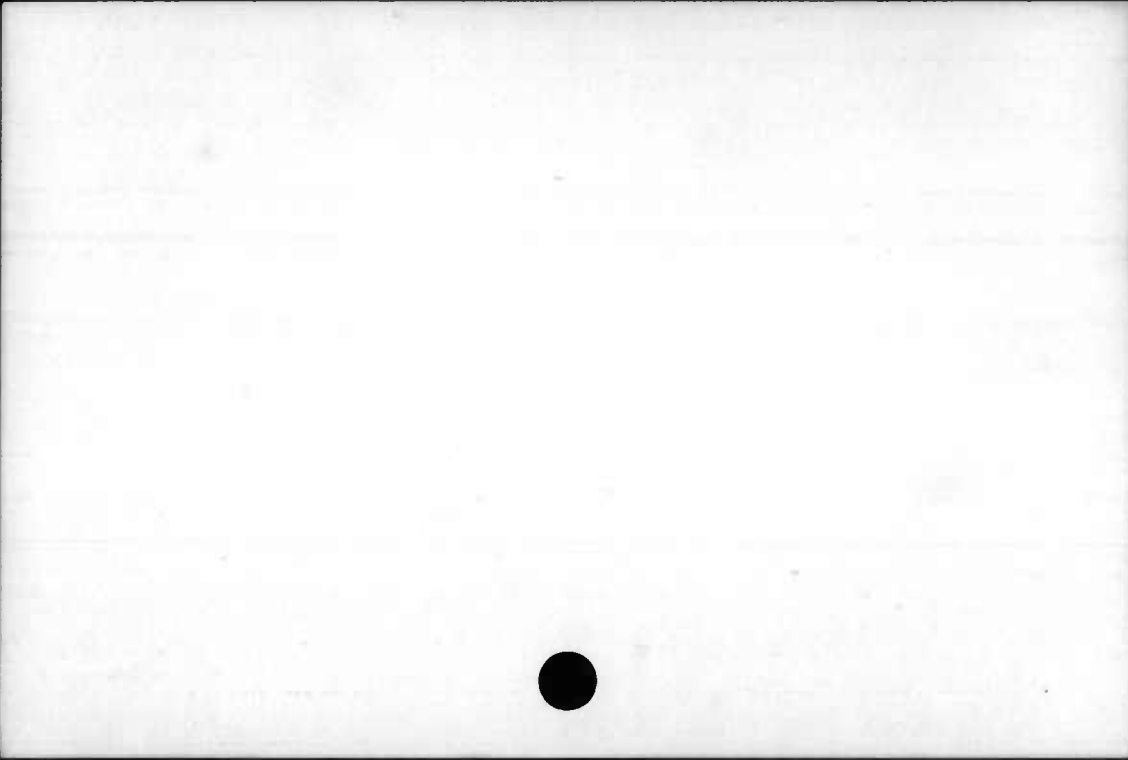
Signature of Physician John W. Rees M.D.

Address Berlin, Maryland

Accident or Suicide? 



Name in Full		Lucile Selby				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Chindee	County Norchester		MARYLAND	
		Date of death 1903		Month 8	Day 15	Age	Years —	Months —
		Sex Girl		Color or Race Colored		Birth-place Md		Days 8
		Married, Single or Widowed —			Occupation —			
		Name of Wife or Husband —						
PHYSICIAN OR CORONER		Father's Name Zadok Selby				Father's Birthplace Md		
		Mother's Maiden Name Berlin Holland				Mother's Birthplace Md		
		Name of person giving information Ambrose Rowley				How related to deceased uncle		
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary Fits				How long 1 day		
		Immediate Fits				How long 1 day		
		Are the name, age, sex, color, date and place correctly given above? yes				Signature of Physician Ambrose Rowley		
						Address Stockton		
		Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James C. Showell</i>		Town <i>near Showells</i>		County <i>Worcester</i>		State <i>MARYLAND</i>	
Died at <i>near Showells</i>		Month <i>Aug</i>		Day <i>21</i>		Age <i>2</i>	
Date of death 190 <i>3</i>		Month <i>Aug</i>		Day <i>21</i>		Age <i>2</i>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Showells</i>			
Married, Single or Widowed <i>Single</i>		Occupation					
Name of Wife or Husband							
Father's Name <i>Thomas Showell</i>				Father's Birthplace <i>Showells</i>			
Mother's Maiden Name <i>Bertie Walters</i>				Mother's Birthplace <i>Innoville</i>			
Name of person giving information <i>Thurman B. Lunkin</i>				How related to deceased <i>uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long <i>two weeks</i>
Immediate		How long <i>179</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician
No Dr in attend <i>Dr J. Evans & son undertakers</i>		Address
Accident or Suicide? <i>Dr J. Evans & son undertakers</i>		



Name
in
FullLloyd Thorvell Infant.
near ^{Town} Shorwells ^{County} Worcester

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 190 3

Month

Aug

Day

15

Years

Age 1

Months

2

Days

—

Sex

Male

Color or
Race

Black

Birth-
place

Shorwells

~~Married~~, Single
~~Married~~

Occupation

Name of Wife or
HusbandFather's
Name

Thomas Shorvell

Father's
Birthplace

Shorwells

Mother's
Maiden Name

Bertie Walters

Mother's
Birthplace

Snowhill

Name of person giving
In formation

Thurman B. Huncher

How related
to deceased

uncle

CAUSES OF DEATH

Primary

Improper diet 105

How long

2 weeks

Immediate

Cholera Infantum

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. E. Holland

Address

Berlurt

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Name in Full *no name* *Topman*
 Town *Goodwill* County *monrovia* MARYLAND
 Died at
 Date 19 *13* Month *Mar* Day *21* Age *2-3* Y. M. D. Native of *md* Occupation _____
 Male White Married Widower Divorced
 Female Colored Single Widower Number of children living *1*

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

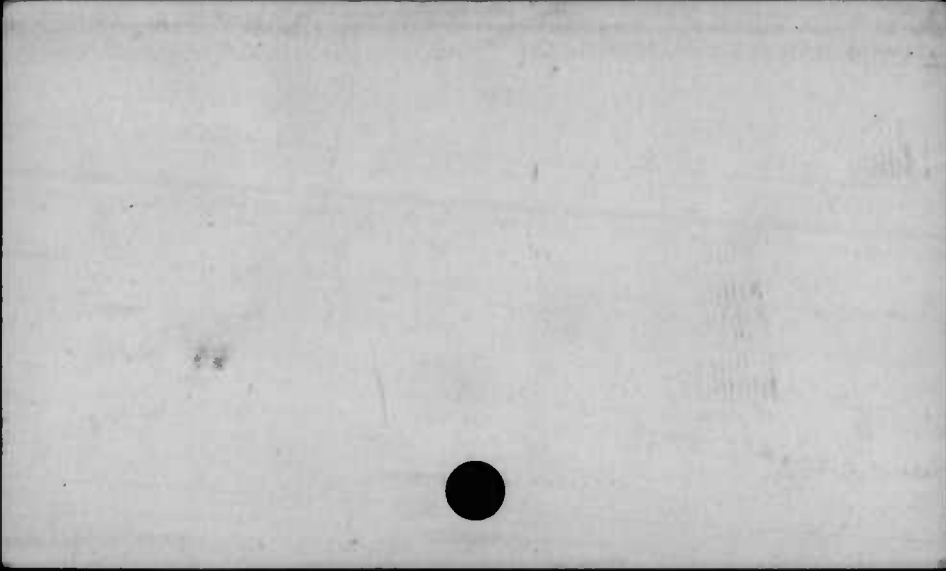
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72883



Name in Full		Sallie Drewett				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Tcwn		County		MARYLAND	
		Whaleyville		Sussex			
		Date of death 1903	Month Aug	Day 13	Years 20	Months	Days
		Sex Female	Color or Race White		Birth- place Maryland		
		Married, Single or Widowed Married		Occupation House work			
Name of Wife or Husband		Gorley Drewett					
Father's Name		James Timmons				Father's Birthplace Maryland	
Mother's Maiden Name		Loreinda Daisy				Mother's Birthplace Maryland	
Name of person giving In formation		Fauquier Watson				How related to deceased Sister	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary				How long	
		Typhoid				2 weeks	
		Immediate				2 weeks	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	
		T. Bayne				Dr. B. P. Collins	
				Address			
				Bishopville Md.			
Accident or Suicide?		Bishopville Md.					



Name

in
Full

CERTIFICATE OF DEATH

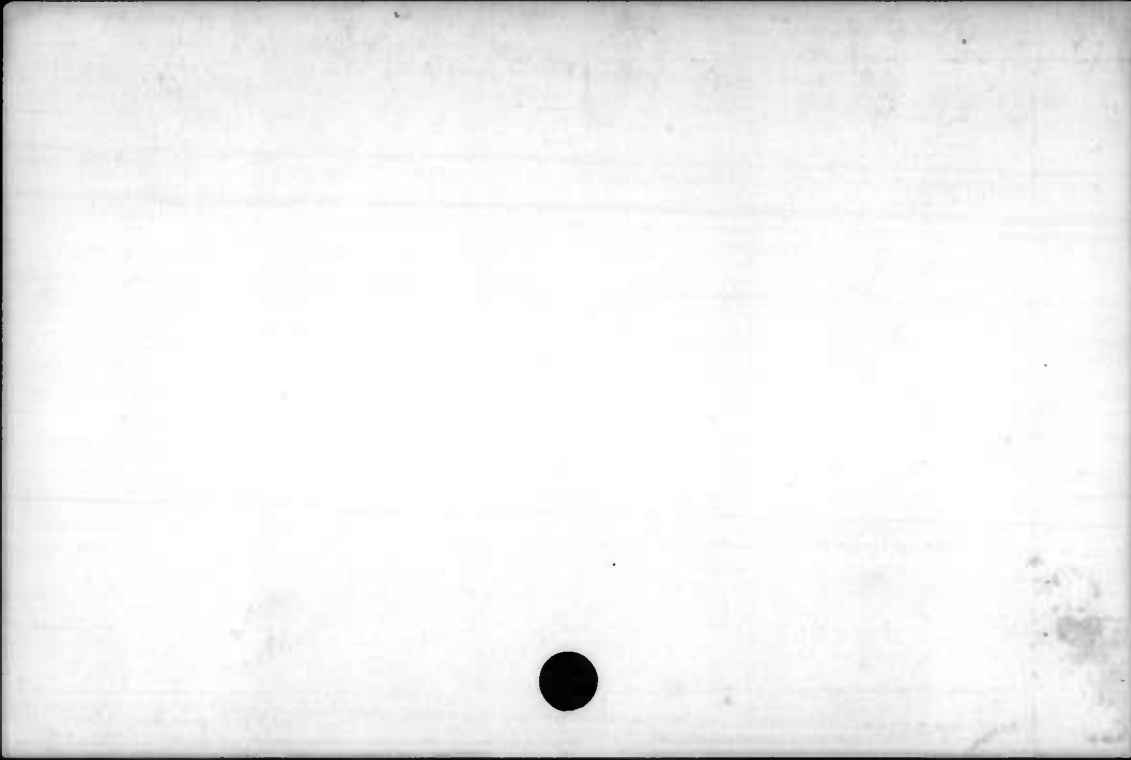
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Adela Py Pyrell</i>		(Tull)		County		TOWN	
Died at <i>New Market</i>		<i>Py</i>		<i>Worchester</i>		MARYLAND	
Date of death 1903	Month <i>Aug</i>	Day <i>31</i>	Years <i>6</i>	Months <i>8</i>	Days <i>1</i>		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>none</i>				
Name of Wife or Husband							
Father's Name <i>Peter L Pyrell</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Mary J Davis</i>				Mother's Birthplace <i>Bethesda Del</i>			
Name of person giving information <i>Leicester Watson</i>				How related to deceased <i>none</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysphoid Fever</i>	How long <i>5 weeks</i>
Immediate <i>No</i>	How long <i>5 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>It is</i>	Signature of Physician
	Address
Accident or Suicide? <i>No</i>	<i>Rayne Bishopville Md</i>



Name
in
Full

Ellie M. Vinton (Vinton)

CERTIFICATE OF DEATH

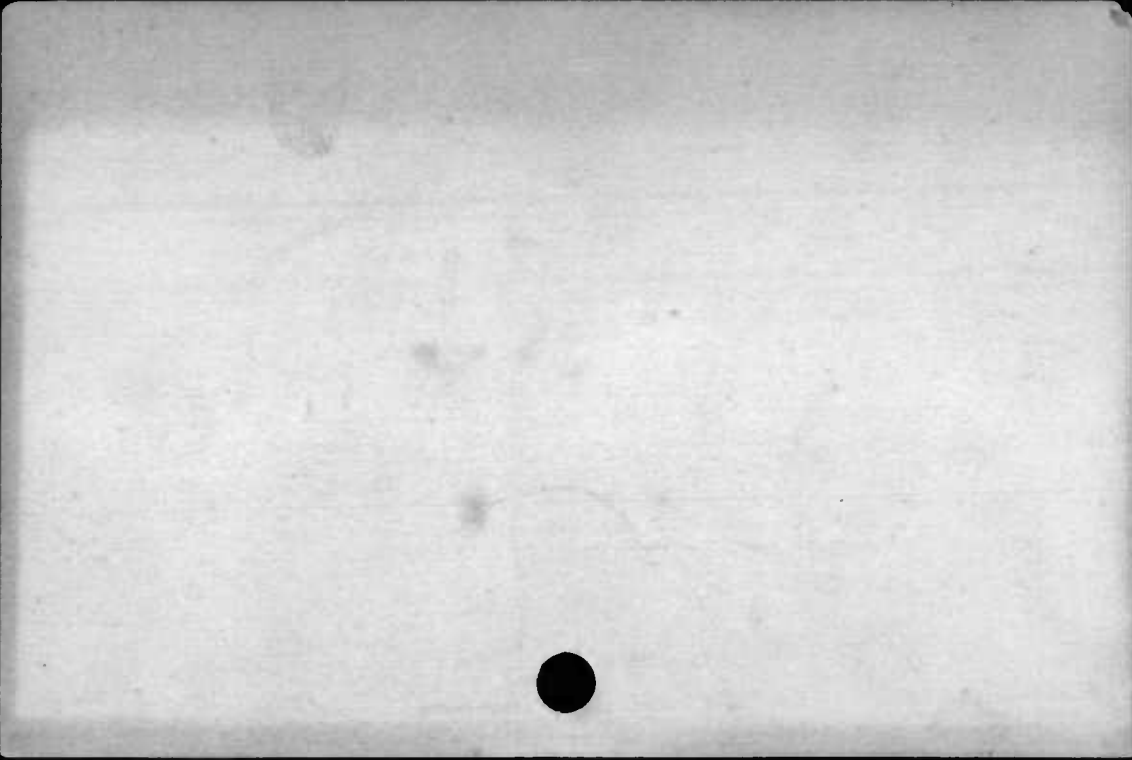
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snow Hill</i> Town			<i>Worcester</i> County		MARYLAND	
Date of death 1903		Month <i>Aug. 8.</i>	Day <i>3.</i>	Age <i>65</i>	Years	Months
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Berlin</i> <i>Berlin Md</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>House wife</i>				
Name of Wife or Husband <i>Thomas Vinton</i>						
Father's Name <i>Amel. Beverage</i>				Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>Sarah. Lassiter</i>				Mother's Birthplace <i>Berlin Md</i>		
Name of person giving information <i>Harriett Martin</i>				How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart trouble</i> <i>79</i>		How long <i>12 months</i>
Immediate <i>known</i>		How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. S. Williams</i>
<i>Snow Hill</i>		Address <i>Worcester</i>
Accident or Suicide?		<i>Maryland</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name in Full <i>Emma S White</i>		Town <i>Pocomoke city</i>		County <i>Worcester</i>	
Died at					
Date of death 1903	Month <i>August</i>	Day <i>20</i>	Age <i>56</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Somerset co</i>		
Married, Single or Widowed <i>Widow</i>		Occupation <i>Domestic</i>			
Name of Wife or Husband <i>Geo T White</i>					
Father's Name <i>Henry Jones</i>			Father's Birthplace <i>Somerset Co</i>		
Mother's Maiden Name <i>Lucinda M Merrick</i>			Mother's Birthplace <i>Worcester Co</i>		
Name of person giving information <i>Mrs Mary Ward</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis & Malariae Fev</i>	How long <i>six weeks</i>
Immediate <i>Exhaustive hemorrhage</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Saml S Quinn</i>
	Address <i>Pocomoke city Md</i>
Accident or Suicide?	

